

Pregnancy Intentions, Reproductive Life Plans, and Preconception Care:

Finding the Intersection of Public Health, Clinical Care, and Real Life

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Disclosures

The panel presenters have no disclosures

Objectives

1. Apply current research, clinical guidelines, and clinical experience to improve the provision of preventive reproductive health services in primary care
2. Recall recommendations for incorporating reproductive life planning and preconception care into routine primary care
3. Describe at least three ways of assessing pregnancy intentions and the pros and cons of each approach

Marji Gold

Albert Einstein College of Medicine, New York, NY

Nadine Peacock

University of Illinois, Chicago, IL

Q-sort Task



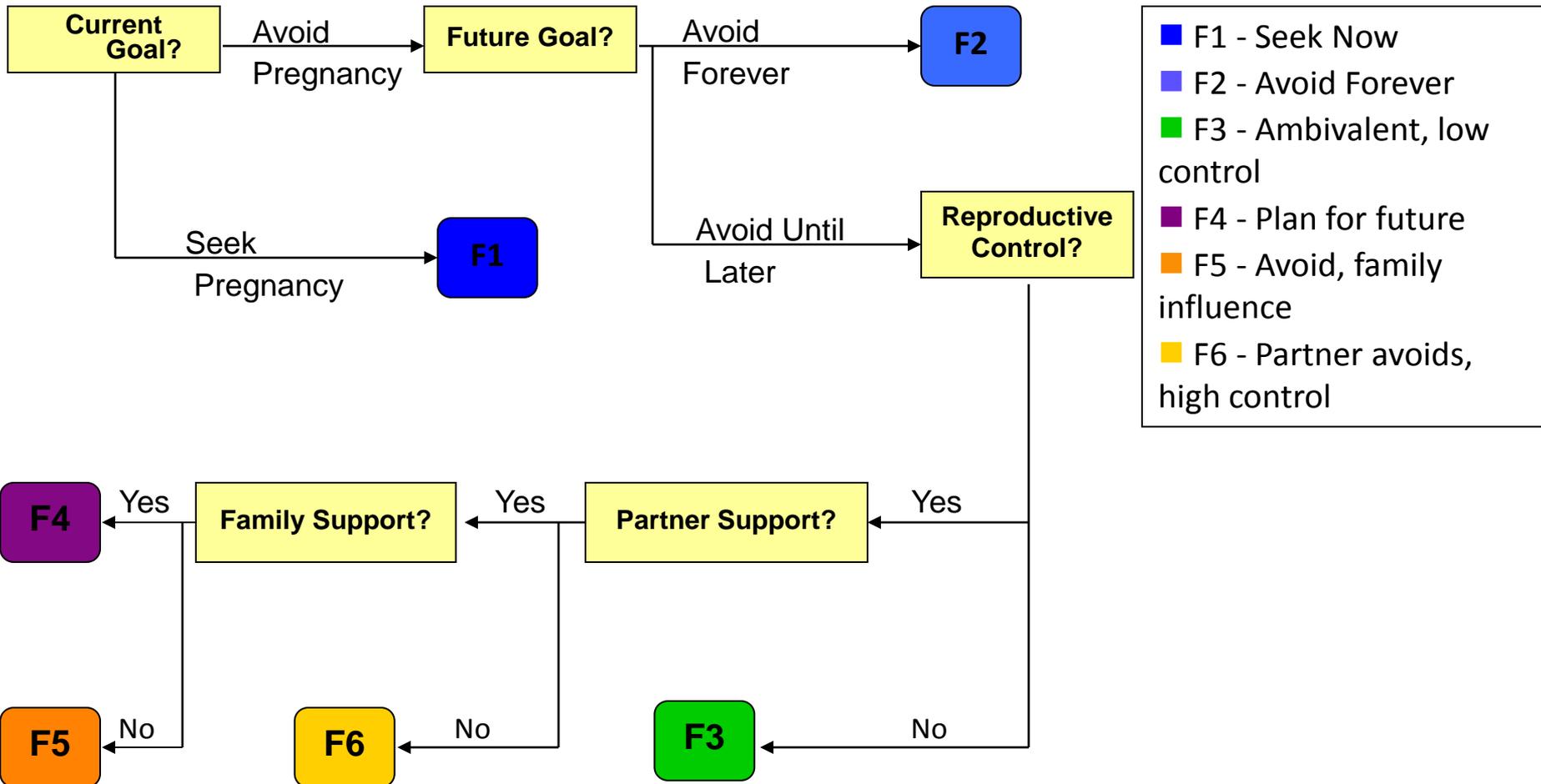
Sample Statements:

If I became pregnant
my partner would be
happy

God controls
whether or not I
get pregnant

I have not
thought about
getting pregnant

Viewpoint Schematic



Data Triangulation

Q-sort Factor	Survey Intention Measure & Happiness		
	Intended	Mistimed	Unwanted
F1	    	    	
F2		  	   
F5		      	
F6			

Age at recruitment:  15-17  18-21  22-25

Happiness Question:

How happy would you be if you became pregnant now?

Andrea McGlynn

PCC Community Wellness Center, Chicago, IL



New Mom Care Plan

Timing of visits~	Content topics (details in full care plan)	Documentation	Problem list & coding considerations
Nurse visit within 1-2 days	Interconception risk assessment and risk level assigned	Risk level noted in chart	NA
Primary care visits at: 3-5 days 6 weeks 4 months 6 months one year	Categorize poor outcomes and identify causes	Detailed guidance for each category at each visit included in full care plan	Detailed guidance for each category at each visit included in full care plan
	Key interconception content for primary care * weight * depression * breastfeeding * family planning		
	Establish positive interconception health (health promotion)		

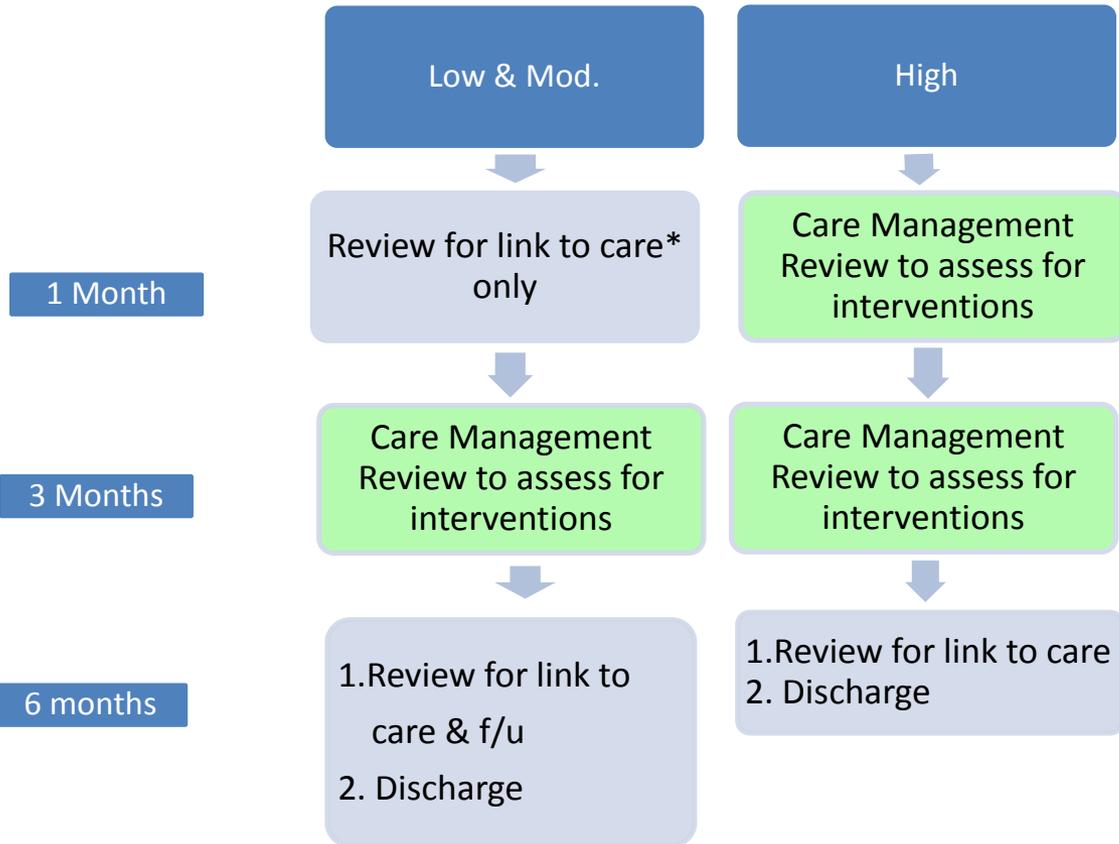
~ after live birth or perinatal loss > 20wks



Post-Loss Care Plan

Timing of visits~	Content topics (details in full care plan)	Documentation	Problem list & coding considerations
<i>At first care review</i>	Interconception risk assessment and risk level assigned	Risk level noted in chart	NA
Primary care visits at: 3-5 days 6 weeks 6 months	Categorize poor outcomes and identify causes	Detailed guidance for each category at each visit included in full care plan	Detailed guidance for each category at each visit included in full care plan
	Key interconception content for primary care * weight * depression * family planning		
	Establish positive interconception health (health promotion)		

~ after EAb or SAb



Team care review

PP/NB Care Review Schedule

Jennifer Bello Kottenstette

NorthShore University Health System, Evanston, IL

Reproductive Health Self-Assessment Tool

My Reproductive Hopes

Women have different feelings about pregnancy. Feelings often change when...

- You get older or your kids get older
- You get a new partner, married, or divorced
- Your job or school plans change

Instructions: Go through this booklet and think about your hopes and wishes.

Your doctor can help you find ways to achieve your hopes.

Talk with your doctor about any questions you might have.

One or more of these statements may describe how you feel right now. Read the statements below and follow the directions to find out more information about each one.

- 1. If you want kids or want more kids some day,**
Answer all of the **pink questions on page 2 inside**
- 2. If you do not want kids or any more kids,**
Answer all of the **green questions on page 3 inside**
- 3. If you are not sure how you feel about having kids right now,**
Answer all of the **blue questions on page 4 on the back**

This booklet was designed for women who are not currently pregnant and for women who partner with men. If you are pregnant or if you only partner with women, you are still invited to complete this booklet. Many women may find it helpful to learn how to improve their reproductive health.

If you are not sure how you feel about having kids...

- 1. Women have many different feelings about pregnancy. Some women...**
 - Cannot decide whether or not they want to get pregnant
 - Want to get pregnant but without planning, it will just happen
 - Would be happy with or without (more) kids
- 2. How would you say you feel about pregnancy right now?**
 - You are ready to be pregnant
 - You are not ready to be pregnant
 - You are not sure how you feel about pregnancy right now
- 3. If you are not sure what you want, you may not use birth control all of the time. If you are sexually active, you could get pregnant. Even if you are not ready to be pregnant, it is important to be healthy when it happens so you and your baby have the best chance of being healthy. Check the things you want your doctor to talk about.**
 - Vitamins you need to be healthy before pregnancy, like folic acid
 - How your family history can affect your pregnancy
 - How your weight can affect your pregnancy
 - How to cut down on drinking alcohol
 - How medications you are taking can affect pregnancy
 - How earlier pregnancies can affect your next pregnancy
 - Birth control you can use until you are ready for pregnancy
 - I am not sure if I am able to get pregnant
 - How long to wait to get pregnant after having a baby, miscarriage, or abortion
 - Anything else _____
- 4. Show this booklet to your doctor if you want. You can also talk to your doctor today about ways you can be healthy now, before you get pregnant.**
- 5. Are you interested in reading about birth control methods?** Yes No
If Yes, please answer all of the green questions on page 3 inside.

Helen Bellanca

Oregon Foundation for Reproductive Health, Portland, OR

One Key Question

All women of reproductive age should be screened for their pregnancy intentions on a routine basis as part of high-quality primary care.

This will increase the likelihood that women are using contraception that they are satisfied with, increase the uptake of preconception care, and ensure that a greater proportion of pregnancies are wanted, planned and as healthy as possible.

Questions?
